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Department of Veterans Affairs

Annual Meeting Report
Voluntary Service National Advisory Committee

October 28–30, 1988
Albuquerque, New Mexico

Veterans Health Services and Research Administration

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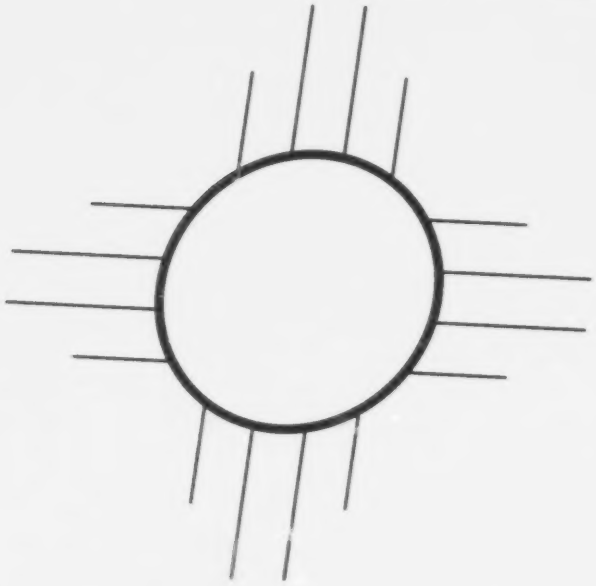

The New Mexico Tiwa
Pueblo Indian Zia
Symbol of the Sun

Annual Meeting Report

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(The complete text of Recommendations from the VAVS National Advisory Committee 1988 Annual Meeting was distributed to all VA medical facilities.)

Introduction

Over 392 individuals, volunteers, guests and officials of organizations registered for the 42nd Annual Meeting, held in Albuquerque, New Mexico, October 27–29, 1988 in the Albuquerque Hilton.

Staff from Central Office, Voluntary Service and Medical Centers served as workshop leaders, speakers and coordinators, as well as VAVS Representatives. Four workshops were presented, each given four times, so each registered guest could attend all sessions.

The National Advisory Committee oriented its new members, discussed and adopted recommendations in the VA Voluntary Service program, honored its youth scholarship award winner, heard reports from the Chief Medical Director, Director of Voluntary Service, and other Central Office officials, and the Director and Counsel of the House Veterans Affairs Committee. Everyone in attendance enjoyed the colorful New Mexico Ceremonial Opening, the Parke Youth Scholarship Award Luncheon, the Halloween Buffet and Ball, and the Western B–B–Q and Jamboree.

Message From The Chairman

I have had the pleasure of chairing this Committee for a little over two years. During that time I have come to appreciate even more than before the impact that VA volunteers and the Committee has on the VA's Department of Medicine and Surgery.

As we begin this 42nd Annual Meeting, I would like to thank you for your counsel and for helping us better serve our country's best – our veterans.

As Chairman of this Committee, I share in your pride and commit my ongoing support to the VA's Voluntary Service Program.

Mansell G. Piper.
Director of Administration
Department of Medicine & Surgery

Traditional New Mexico Ceremonial Opening

A hush came over the 425 individuals seated and standing in the Ballroom of the Albuquerque Hilton as the lights in the Ballroom were slowly dimmed. Illuminadas were lit on the floor and the sound of a tom–tom began with the accompanying of ringing of little bells attached on the ankles of the dancers as they entered the Ballroom and started the Laguna Indian Dancers interpretation of one of the Laguna Tribe legends. The costumes were spectacular. The lead dancer was dressed as a bird with feathered head and wings. He interpreted the bird soaring into the sky and slowly spiraled to the earth and lit on the sacred soil of the New Mexico Indians. At the end of the dance, applause broke out advising the performers how much the audience enjoyed the performance.

The lights came up and from the back of the Ballroom, the audience heard the sound of the Los Reyes de Albuquerque, a mariachi band, who played several renditions of familiar and unfamiliar Mexican–Spanish music. With their colorful costumes, singing voices, and their renditions showing remarkable musicianship on their individual instruments, they provided the audience with the true authentic music from below the border.

The presentation of the colors was provided by the Kirtland Air Force Base Honor Guard.

At the end of this very colorful ceremonial opening, the meeting was called to order by the Chairman of the National Advisory Committee.

Report of the Executive Committee

I would like to welcome you to Albuquerque – to this wonderful Southwestern atmosphere. I would also like to thank the people at the local VA Hospital for everything they have done to make us welcome.

As we approach the last decade of this century, we are all aware that we are entering an era of challenge and change. Our volunteers are going to be asked to accept new duties and responsibilities at our VA medical centers and also in non–VA facilities. We must approach these changes with open minds, willing hearts and generous spirits.

Your Executive Committee, realizing the problems of modern times, has planned four workshops that will be of help to our volunteers in the years ahead. Please plan to attend all of the workshops. We can only supply the knowledge, but you must be there to see what we are offering and then to take it back and make it work for you.

At our plenary sessions, we will hear of two major concerns affecting all Americans and not just veteran patients. These are our oldest veterans and the A.I.D.S. epidemic.

We hope that you will gain much from this conference and that you will return home to accept the challenges and the changes that will affect our volunteers in the years ahead. I would like to thank our local auxiliary who invited a group of us to the local VA Hospital to attend a Halloween party for veterans and also have a tour of the facilities last night. We thank the Representative for inviting us out there to see compassion for our veterans in action. It sets the mood for this whole conference.

Chairperson, Mrs. Hilda Davis
American Legion Auxiliary

Message From the Chief Medical Director[222z

When Sam Piper contacted me to ask if I would be able to come to Albuquerque to this meeting, it was very easy to immediately say "yes" because I wanted this chance to directly thank you for all the help that you've given me. I want to talk about only a couple of things and this will be a very summary kind of report to you.

What's the status of our hospital system in the VA? Well, we're starting a new year, started on October 1st. The people in the VA hospital system, I think, all agree that the year we just finished was as far as finances are concerned probably the most difficult year that anyone can remember. I have visited many of our hospitals during the summer. I met with everyone of our hospital directors and chiefs of staff, and I heard that from all of them. We have been faced with growing demands for care. That's particularly accentuated by the fact that many of our veteran patients are aging and their problems

John A. Gronvall, M.D.

become more severe. We, like all hospitals, have faced escalating costs of medicine and drugs, supplies and equipment. That goes on across the country.

The nursing shortage throughout the country has impacted us just like it has all of the other hospitals. We had to find money within our budget to increase our nurses' salaries and our salaries of other key staff. And then, as everyone knows, because of the federal deficit, there were some very firm agreements made about this year's budget, and that placed limits on us. So we've got financial problems, there is no doubt about that.

The other side of that, as I have visited our hospitals and met with our physicians, met with our directors, met with our nurses, I'm convinced that VA hospitals are strong. Clearly, they don't have all the funds they need to do everything that we want to be doing – and in some cases should be going. We're starting this year with a shortfall. That's the bad news.

The good news is that it is well recognized. I know that many of you are very aware of the nature of the hearings we held, Congressional hearings, that the Congress held early in September to review the status of our hospital system. And there was a totally uniform conclusion that we were significantly under–funded for the job that we face this coming year. Well, because of the way federal government budget process works, the Congress has not really yet had a chance to fully address that, but the need is recognized and I am quite confident that Congress later this year will take up that situation and provide additional support.

We on one hand within the VA had taken some actions this year. The basis of those actions has been to protect the quality of the care we're delivering, even though the financial shortfall means that the quantity, the total quantity of care we'll be delivering in the next few months will be lower than what we were delivering last year.

We believe that it is crucial to protect that quality of care that we deliver, so we've taken steps to do that. The Congress, in fact, has given us specific legislation that establishes eligibility priorities and we follow those priorities. The law is very clear that the vast majority of veteran patients we take care of must be taken care of by the VA and they will be taken care of. There is no doubt about that. But there are some other eligibility categories that are so–called discretionary and, in those cases, if we don't have the resources, we can help that veteran patient find some other place in the community to receive care. Now, we don't want to do that but we believe that it is a responsible action given the shortfall in our budget. And then, at the same time, we are trying to adjust our operation in such a way that we can more uniformly meet needs across the country.

Let me bring some very good news and make a quick comment about the fact that the Veterans Administration will now formally be a member of the President's Cabinet. That's been a remarkable event, and that's the major event of the past year. It's hopefully good news. That legislation passed the Congress without dissent. The President signed the bill this very week, on Tuesday, in a stirring ceremony in Washington. And when the President signed the bill, he made the comment that although the specific outcome of that bill is that the new Secretary of Veterans Affairs will be sitting in the Cabinet, he viewed the meaning of it to be that, in fact, every veteran

in American symbolically will be sitting at that table, participating in the affairs of our national government.

I think the Cabinet status legislation clearly recognizes the crucial and the sweeping role that the VA has in this country. In health care, we are the largest health system – actually not only in this country but in the entire free world. In research, we are running very important programs, making national contributions for doing research testing, vaccine for A.I.D.S. We're doing critical research in regard to mental disorders and Alzheimer's Disease. We're working to develop new kinds of prosthetic devices, sensory aids, and those are critical accomplishments. In one way or the other, the VA actually touches something like one–third of all people in America. And the elevation of the VA into the Cabinet formally recognizes that importance for this nation.

Let me close on a simple question: Do we still need the help of volunteers? Absolutely yes we do. It doesn't matter at all how big we get or how big our budget gets, or how many people work for the VA, it's very clear that we can't do the job without your help. When I say "your help", I am very aware that the people sitting in this room are the leaders of our volunteer effort, but I try to kind of squint my eyes and recognize that behind you across the country, there are something like 85,000 volunteers who actively work in our hospitals. We keep track of their service, of course, and it adds up to over 12.5 million hours of contributed service.

But, beyond those enormous figures, I think that the most important part of the whole volunteer effort is the kind of special heart that you put into our hospital program. Your logo is a wonderful one. You put the heart in the VA. I see that every time I visit a hospital. When John Ditzler was Chief Medical Director a couple of years back, he talked often of using a term that had a lot of meaning to me, a term of "compassionate excellence", a wonderful goal to set for the way we run our hospitals. You volunteers I think provide a special part of the compassion that makes up compassionate excellence. And without you, we would not be able to have that kind of compassionate care. You, the volunteers, and the thousands and thousands of other volunteers really extend that beyond being an extension of my eyes and ears. You represent an extension of my hands and of my heart. And I think you for that. I thank you from the bottom of my own heart. I thank you on behalf of all of the people who work in the hospitals. But, more importantly, I thank you on behalf of over three million veterans who, every year, come to us needing one kind of medical care or another and they expect and deserve the kind of compassionate care that you so much help us to deliver.

So, again, I'm delighted to be here to thank you, to recognize the work that you do so importantly. I encourage you to keep up the good work; there is still a lot more to be done. Thank you very much.

Message From Voluntary Service

Edward F. Rose, Director

I honestly had some reservations about making remarks today, didn't know really where to start or how to get underway. I recall that I have talked to many of my chiefs over the years and I've asked them how many years of experience they've had. And some would say five, and some of them would say 10, and some of them would say 25, and so forth. Then I would ask them: "Is that five, 10 or 15 years of experience? Or is it one year of experience five, ten or fifteen times?" Think about it. I'm afraid that I've fallen into that rut of having the same experience over and over again. That is, until I started reviewing what had gone on.

In spite of my frustrations in not having the amount of staff to put on what we'd like to put on, we are among others and others have the same frustration. But we go ahead and we get the job done for the VA — more importantly, for the veteran patients.

Where did we start when we got back last November? We started with an impetus from you — the people who brought the Executive Committee to establish the James Parke Foundation. And we were successful. We drew up by–laws. We established working papers, and many of you have or will see them as this conference goes on. We now have a permanent James Parke Foundation.

We were challenged by the opportunity of getting the James Parke Fund into the Combined Federal Campaign. Last year, for the first time, they allowed federal employees to designate organizations that had not at that time qualified for the Fund but had 501(C)(3) authorization. We had a number of people at 11 stations designate the James Parke Fund. To qualify for that, Mr. Piper had to send in his signature many times. Bill Anderson and I had to do a lot of research and work to get the papers developed, but we qualified for those and we have received through the years contributions made by people at those stations.

But all good things are sometimes abruptly ended. The Office of Personnel Management ruled that too many people designated organizations outside of the recognized groups and it required too much administrative support to get the money identified, get the organizations verified, and so forth, so they withdrew that authorization. I intend to go back after this meeting and pursue the Office of Personnel Management to see if our Fund cannot be identified nationally. If that fails, we will boiler–plate – we will prepare the papers for 172 facilities . We will identify Chiefs of Voluntary Service as the receiving officers and we will get on all the station into CFC funds. Just think, ladies and gentlemen, if we qualified in 172 facilities and only one dollar per federal employee is donated to this fund, we would increase the fund over $220,000 each year. Now you know my objective of a million dollars before I retire has some validity. I think we can make it; I think we can well exceed it.

Thanks to the help of Bill Anderson and Bob O'Toole, the James Parke Fund is growing very well. In fact I would like to share with the entire audience since last year or during last year's meeting, and

since then, the following contributions to the Parke Fund: The VFW donated a thousand dollars. The DAV, $2,000. The Military Order of the Purple Heart, Chapter 5 in Minnesota, a thousand dollars. Chapter 268 of the Military Order of the Purple Heart in Minnesota, a thousand dollars. The Military Order of the Cootie Auxiliary, $2,000. The Military Order of the Purple Heart, Chapter 8, Minnesota, a thousand dollars. Silversmith International, $5,390. Military Order of the Purple Heart, $3,685.42. The Military Order of the Cootie Auxiliary, Grand of Ohio, $794.50. The VA Medical Center, Washington, DC, $302.00. Military Order of the Cooties in Minnesota, $328.35. The Military Order of the Cooties Auxiliary, $20,000. Silversmith International again contributed $3,120, and the Marine Corps League Auxiliary, $500.00. Last year and through this year, a total of $41,371.21 growth. That's not bad. We're doing great. We started just five years ago with $8,400.

We're going to exceed by the end of this meeting, I trust, close to $150,000. We'll let you know as things go along. We've spent a great deal of time this last year working with a work group on the general post fund. I know that 99 percent of you at least know what the general post fund is. What happens to the contributions, and so forth, are important. But, more important are the monies that go out – a portion of these are called CO Advance. Over the years, the interest that's gathered on investment of the general post fund goes out to help operate the programs of religious, recreational and voluntary service at the local station. Someone came up with an idea years ago to make an amount of $2,500 available to each station and then do a computation by the number of patients to add to that amount, and that would be the total amount they receive. We've discovered that they didn't make any changes in that formula for 20 plus years. My whole effort is to open that general post fund for everyone's eyes, so that we know where we're coming from and know where we're going and most importantly to have equity.

The M–1, Part III, the VAVS Manual, the bible of our operation, has been reviewed, would you believe, for the third time. We are hoping that this will be the bewitching time because we now have our manuals put on the Wang electronic equipment and we can correct it electronically. We don't have to rewrite it, rewrite it, rewrite it, and retype it, and retype it, and retype it. Hopefully, it will be only a short time before we will have that on the press.

Some of you in the National Advisory Committee heard me mention that we were trying to move our key punch operators into an electronic system called FALCON. That system won't give us everything we dream of in ADP, but it will come close. You may not know, but Voluntary Service is the fifth largest user of keypunch cards in the entire VA. If we can eliminate the problems we have with keypunch, we will greatly enhance your statistical information.

Last summer was one of our busiest summers attending national conferences. I attended and spoke to some eight conventions and the United Auto Workers regional meeting. The UAW invited me to their first regional meeting for the purpose of establishing a Veterans Committee. A number of UAW members have been working over the years to collect funds at local levels and donate them to the VA, and do other things for the veteran patients. But now they have a movement to do it nationwide. I hope as the UAW Representatives

and volunteers come into your medical centers, you make them welcome and encourage them and give them all the help you can.

I've often said that your Central Office could dry up and blow away for five years and you folks wouldn't miss us because you would be carrying on this program at the local level without the need of direction. This is one of the few programs that you can say this, but I'm proud of that because I recognize the strength of what you are doing.

I want you to know, the very last thing, that you're going to be one of the first groups in the VA that will be properly identified as the Department of Veterans Affairs. This is the new logo and we will have it out after March 1 to all stations. God bless you and may we all find new strength in the challenges that are ahead.

Report of Action on 1987 Recommendations

Mr. Patrick J. Cody, Chairman of the Sub–Committee on Recommendations, reviewed the recommendations submitted for consideration by the National Advisory Committee with VA comment during the 41st Annual Meeting in Clearwater, Florida.

Recommendation No. 1.

Proposed that the medical public service announcements be developed on a national basis to advance the purpose of VAVS.

VA Comment:

Advancement of the VAVS program is just one of the areas in which the VA is developing public service announcements. In addition, VA Central Office has prepared a seven minute film overview of the VAVS program. This may be borrowed by the National Advisory Committee organizations. It is planned that a copy will be available from each regional council chiefs of Voluntary Service.

Recommendation No. 2

Proposed that ADP system be improved so that new information may be immediately available.

VA Comment:

The VAVS data processing system is in a transition mode as it moves toward decentralization of the system. Within the next fiscal year, approximately 20 stations will be involved in electronically transmitting time and attendance records from field stations to the ADP center in Austin, Texas. This will eliminate the need for keypunch cards and reduce the time needed to return the printouts to the station. A recent study indicated 104 voluntary service offices have access to some type of terminal. Voluntary Service is moving to a state of the art processing; however, it will take time.

Recommendation No. 3.

Proposed that a public relations handbook be developed for use by the local medical centers and the local VAVS representatives from all organizations.

VA Comment:

The VA agrees in principle and has requested that the consumer and public affairs design and adapt their public relations format for inclusion in the VAVS National Advisory Representative and Deputy Representatives Handbook, which is being revised.

Recommendation No. 4.

Proposed that a seven–member board be established to accept the responsibility for the management of the James H. Parke Memorial Youth Scholarship Award Fund.

VA Comment:

Five members of the board will be appointed for staggering terms of office and will be selected from the National Advisory Committee. The sixth and seventh member will be ex officio. (The Chairman of the National Advisory Committee and Treasurer of the Executive Committee and chairman, Finance Committee.) The Board of Directors of the James H. Parke Fund was established March 1, 1988.

Message From the Minority Staff Director, HVAC

Mr. Rufus Wilson,
Director and Counsel,
Veterans Affairs Committee,
U.S. House of Representatives

I am most pleased indeed to be here today, to be associated with the Volunteer Program of the Veterans Administration. It's a program of pride and joy. Those in this room and those whom you represent know something about VA medicine and about VA clientele. You know that there is a constant effort to provide good medical care to that select group of individuals who have as their sole common denominator the fact that they have honorably worn the uniform of this blessed land in times of its national peril.

You see them at a time in their life when they need more than just good medical care. They need that extra helping hand, that extra encouragement, that extra love, that extra spirit that is the hallmark of something called volunteerism.

Let me be somewhat philosophical for a few moments today. These people we call veterans are individuals who probably stand at attention when Old Glory passes by. They also probably place their hands over their hearts when they hear the beloved strains of the Star Spangled Banner. They come from every walk of life. They're young and they're old. They come from all races and from all creeds. They're as diverse as the nation itself. They're indeed a cross–section of the American ideal.

They're all of this and more. Some of them are less fortunate than others. Some carry unspeakable scars from wars. Some are still recovering from the ravages of conflict. Some of them are diseased or injured, and they're often elderly and poor. Some of them need educational opportunities in a system to rehabilitation. Some need to be listened to as they try to put war behind them, as they try to enter again the mainstream of our country. Some of them are still very young. And yet all of them have common characteristics in common. They are stalwarts of the American dream. In common, they worship that precious dream. In common, they speak as one in

love of country. In common, they have earned and they deserve and they must receive the very best our nation has to offer.

We must all be careful that when they suffer, when they limp and when they hurt, we must always counsel them into a new world of hope and away from despair and loneliness. And we must always hold out a hand of assistance to those of them who share less than they should in the abundance of our land. We must always give encouragement to the energy of youth among them that it may some day become the energy of leadership. In common, we need to embrace their legitimate and noble aspirations of today, and of tomorrow and every tomorrow after that.

Perhaps all of us are thinking what does the future hold? All of us know that as the time of war fades that there are those who say that there have been too many wars and they cost too much, that there are too many veterans. My answer is there is truth in that. There have been too many wars. But the veterans of those wars did not invent themselves.

I'm an eternal optimist and I have faith in tomorrow. My history book tells me that in the ultimate our nation will always do what it should.

A good veterans program will prosper and survive. We will do this because the great service organizations and auxiliaries will make it so. They will prosper because they represent the very conscience of all the people of our land. Those people by and large are good and they are decent. And they, too, will make it so.

But when I express optimism, I also express the belief that we have to always be vigilant because sometimes there are those who espouse other programs, either social, economic or military, all of which are usually good, but which when pushed with undiminished fervor, could well encroach upon necessary benefit programs for veterans that at least in my view ought to have a higher priority. Certainly that includes the VA medical program. We must have the central theme that: Veterans programs be not just good for veterans but good for the entire nation. And I do not find those objectives to be incompatible. That is true of VA medicine with its multitude of treatment facilities, its tremendous research programs, its special education programs, and, of course, its tremendous volunteer program that is second to none in the world.

I dream of a time when VA medicine will be more acclaimed than ever, that it will lead to new horizons of research, when more dread diseases and disabilities will be conquered and when all the good benefits for veterans are more recognized by all of the public as a continuing cost of war. We need to be neither historians nor theologians to understand that every generation of Americans has owed and will always owe a debt to our veterans of all wars, and because of this debt to the past, every generation of America has had and will always have an obligation to the future.

The American volunteer recognizes the debt that we owe these special citizens. They are determined that their needs will be met and in this determination have created programs and activities of assistance for medical care dependents that are unequaled any place in the world. You're here to make an excellent program better and to make a visionary dream of continued excellence a reality of the future.

When you came to this place, you stood tall in serving those who are your very special charge. When you leave this place, you will be even taller and your charges will be destined for even better service.

That is my hope. That is my belief. That is my expectation. God keep you well.

Presentation of the James H. Parke Memorial Youth Scholarship Award

Mr. W. G. "Jerry" Butler, Fleet Reserve Association, and this year's Chairperson of the James H. Parke Memorial Youth Scholarship Award sub–committee, gave the background of the award at the special luncheon honoring the 1988 award winner, Miss Melissa Marcinek, VAMC Coatesville, PA. The winner will be awarded a $5,000 scholarship to be sent to the educational institute of his or her choice. Mr. Butler then advised the audience that as an additional incentive to attract youths into the volunteer program, the Scholarship Award sub–committee this year was awarding 6 additional scholarships of $500 to winners in their respective VA medical regions. Mr. Butler then announced the names of the winners: Mr. Charles Nedzbala, VAMC Bedford, MA – Region 1; Mr. Christopher Harbeson, VAMC Tampa, FL – Region 3; Mr. Sean Bonner, VAMC Allen Park, MI – Region 4; Mica Lee Ashmore, VAMC Topeka, KS – Region 5; Miss Patricia Gilstrap, VAMC American Lake, WA – Region 6; and Mr. Shane Owings, VAMC Little Rock, AR – Region 7.

In accepting her award, Miss Marcinek thanked all who had made it possible for her to be active in volunteering and to work with the Camp Fire Girls Organization, which she is a member of and is the Representative on the local advisory Committee, and, also, a member of the United Voluntary Service. In conclusion, Melissa said: "I'm here today to accept this award for all volunteers, most of all, the youth volunteers."

Several gifts were then presented to Melissa from the Convention Visitor's Bureau, the Major's Office, and the City of Albuquerque. The Director of the VA Medical Center, Mr. Andrew Montano, also made a presentation to Melissa. She was invited by the local VAVS Committee and UVS to take a balloon ride over Albuquerque and the countryside the next day.

Just before the conclusion of the luncheon, Mr. Mansell Piper, Chairman, advised that there were several organizations and individuals who would like to make contributions to the James Parke Scholarship Fund. A total of $13,638 was received from the following: VFW, Marine Corps League Auxiliary, Ed Rose, Mansell Piper, Youth Volunteers from VAMC Bay Pines, FL, DAR, Mr. and Mrs. Clifford Davis, Mary McIntyre, Viola Poggemeier, Julia Dickson, Polish Legion Auxiliary, Polish Legion, Military Order of the Cootie Auxiliary, Elks National, DAV, VAMC Palo Alto, Don Neely, Gary

Miss Melissa Marcinek,
1988 scholarship winner
VAMC Coatesville, PA

Sanford, VFW Auxiliary New Mexico, Bill Bryce, Blue Star Mothers, and Silversmith Group USA, Inc.

Message from Dr. Susan H. Mather, VACO

Dr. Susan H. Mather,
Director, A.I.D.S. Program Office, VACO

I want to say how happy I am to be here and be here with all of you volunteers because those of us who are involved in the VA know that without the volunteers, we would really not be able to deliver to the veterans the services that they need, certainly in our hospitals. So it is a real pleasure for me to be here and to recognize all of the contributions that you and your organizations have made and to thank you for your involvement in the hospital.

I'm also glad you're interested in A.I.D.S. because I think it is something that is going to impact on us in America and the world and certainly in the health care profession for the foreseeable future.

It has been said that more people recognize what A.I.D.S. is than can tell you who the President of the United States is. I'm going to start off by saying: What is it? A.I.D.S. is Acquired Immune Deficiency Syndrome. It's not a single disease but a group of diseases that are caused by a virus. It is a retroviral and it infects the immune cells in the body. It infects the cells which turn on and turn off the immunity action. So what it does is leave the people who are infected with HIV susceptible to a lot of other diseases. And it's the other diseases that we hear about in A.I.D.S. Actually, A.I.D.S. is the top of the iceberg. We use this position quite often when we are talking about the disease because we feel that the number of cases reported to the CDC are only a small number of all people who are infected in the country, or in the world. In the United States, we think probably about 1.5 million people are infected with the Immuno Deficiency Virus and have no sense of it at all. Then you have another probably 500,000 people who have what is called A.I.D.S. related complex. They're sick. They're not well. They have swollen glands. They have diarrhea. They have weight loss. They're feeling mentally unwell, but they haven't yet developed the disease which allow them to be called A.I.D.S. In the world, there is an even bigger problem. Probably 5–10 million people in the world are infected with Immuno Deficiency Virus and a few have A.I.D.S.–related complex.

The diseases that can occur that evolve into Immuno Deficiency Virus can affect every organ in the body. The most common organs, of course, are the lungs, the skin, and the brain, but they can affect the liver. They can infect the esophagus, the swallowing tube in the body. And patients can still have one disease, it doesn't protect them from getting another. So many patients have three or four diseases which we call opportunist infections.

The most common diseases you see in the lung, they are called ... pneumonia. Here it doesn't look any different from any other, but it does have an incubation period that it so affects the lungs the patient can't breathe and usually goes into respiratory failure. The other disease that we see commonly in A.I.D.S. patients in sarcoma. This is sarcoma on the heel, but it can occur anywhere on the body and lesion can be quite large. It used to infect only men of

Mediterranean heritage who were relatively elderly – Italian males, Jewish males, or African males. So it was a very rare cancer until A.I.D.S. came along, and now it's become very common.

We've learned a lot about the disease. Some people say we haven't spent enough money, we haven't been doing enough about A.I.D.S. But I think, given the level at which science is, we've been doing as much as science can keep up with. We need trained investigators and virologists – all of this to do the research. I think that the virologists and immunologists have really done an excellent job. The cause of the disease has been determined. It was published in 1984. The actual organism was discovered in 1983. They began to culture the virus in 1984, and a test for the virus in the blood or for antibodies in the virus were discovered in 1984.

The important thing is to take precautions with every patient's body fluids. It's not the patient you have to be worried about – it is the body fluids. An important thing to understand as you deal with the patients who are infected: As long as you are not exposed to their blood, their semen or vaginal secretions, then, really you're not at risk.

(Throughout Dr. Mather's presentation she had slides to demonstrate certain points she was making. She spoke of the ways in which A.I.D.S. is spread through sexual contact, both homosexual and heterosexual. She showed that A.I.D.S. was spread through I.V. drug abusers by sharing needles. She gave examples of discrimination against patients who have or have diagnosed as having A.I.D.S. and what health care workers should wear when treating patients.)

What's going on in the Veterans Administration today? Well, we have treated over 5,000 patients with A.I.D.S. Six percent of all the A.I.D.S. patients have been treated in the VA facilities. We have an A.I.D.S. program office. There are four of us in that office in Washington, DC, and we're available. We have a steering committee which is made up of experts from the field that meet four times a year to provide medical directoral matters relating to A.I.D.S. We have set up research centers in New York, Baltimore, Durham, Houston, San Diego and San Francisco. We have four clinical units, one in New York, one in Miami, one in West L.A. and one in San Francisco. These are really marvelous units and we are able to bring together all the resources that patients who have A.I.D.S. need for their treatment. We probably will eventually need 10 such units because, even now, 50 percent of all patients are seen at nine VA or 10 VA medical centers. We have a trainer program so that in each medical center there are now two people that have been trained in A.I.D.S. and in educational techniques. We have a counselor program that's just getting started because in the VA we now have a law which tells us how we have to treat A.I.D.S. patients in many respects. We can't discriminate against the person in admission to a VA facility strictly on the basis of HIV infection. We are the first federal agency that has an anti–discrimination law on the books.

In conclusion, I think we in the VA can be real proud of the helping hand that we have held out to people – to veterans, to people who have served in the American military who have been unfortunate enough to become infected with HIV and who have developed

A.I.D.S. I am personally proud of the role we play in the epidemic committee and know that we will play a vital role.

(At the conclusion of Dr. Mather's remarks, a lengthy question and answer period was held on A.I.D.S. and future research objectives.)

Message From Ms. Diana Fabacher, M.S.P.H.

Ms. Diana Fabacher,
M.S.P.H., Project Coordinator, Home Assessment For Successful Aging, VAMC Sepulveda, CA

Ms. Fabacher in her remarks to the attendees stated that all would agree that successful aging is a laudable goal. Yet, it is difficult, perhaps impossible, to age successfully when health is compromised. Health care expenditures for those over the age of 65 are also higher than for the rest of the population.

The Home Assessment Program for Successful Aging (HAPSA) developed based on the need for a preventive approach to veterans' health care. HAPSA uses retired professional volunteers to provide scheduled preventive home visits. Traditional studies support the cost effectiveness of prevention. Provocative to those working with older adults in the community are the relatively new studies which highlight preventive home visits as intervention. Perhaps the most noteworthy is a three–year randomized controlled trial conducted in a suburb of Copenhagen by Hendrickson. In this study 285 persons were visited every three months for three years to provide follow–up. The intervention group reported fewer hospital admissions, few nursing home admissions, fewer emergency room calls, fewer deaths, and, finally, improved confidence and quality of life.

The Home Assessment Program for Successful Aging is similar to the Hendrickson study in two ways. Both studies are preventive home visits as the intervention. Also, the outcome measures are the same. Our program differs in that HAPSA is a volunteer program.

The preventive home visits to patients are made by volunteers. The first group of volunteers are retired nurses. Individuals were recruited from the VA medical center and from the community. Their key responsibility is to provide case management to patients in their communities. Each patient is formally seen every four months, but patients may contact their assigned volunteers at any time between scheduled visits. At the scheduled visit, the nurse checks blood pressure, medications, and ability to perform activities of daily living. Inability to dress, feed, or drive to the grocery store are common activities of daily living. If a patient cannot accomplish these tasks, admission to a nursing home is inevitable, unless family or other help is obtained.

In addition to obtaining physical information, the nurse may gather information on three other specific geriatric tests. These include depression, weight, balance, and memory. Depression is a highly treatable condition. Falls are a leading cause of death and disability in this age group.

HAPSA is also proud of the second group of volunteers called "friendly visitors." Their role is perhaps just as important as that of volunteer nurses. Trained in effective communication and how to assist patients in ambulation, these individuals help improve the qualify of life of many of our patients.

In summary, the Home Assessment Program is a preventive home visit program primarily staffed by volunteers. Our goal is to help maintain the independence of veterans thereby deterring their institutionalization. Our success is directly dependent on volunteer involvement. Without the volunteers, HAPSA would not be a feasible undertaking. They are directly responsible for improving the health and well being of older adults in the community.

In conclusion, she quoted the comments of one of their patients to a volunteer which illustrates how valued our volunteers are to older veterans: "Your visit this morning does more for me than anything you can tell me. When you go to a doctor, after you are out of there, they don't remember you at all. If people are interested in me, that gives me an incentive to live."

Summary of Workshops

Mr. George Frye, Chief, Voluntary Service, VAMC Palo Alto, CA, served as Workshop Coordinator, and reported that four workshops were presented four times. This gave everyone the opportunity to attend each of the workshops. He also advised that the attendance at the workshops was very high this year, with an average attendance of 68 people per workshop.

Workshop # 1

"Volunteers in Non–Institutional Settings"

Moderator: Lee Brown, Chief, Voluntary Service, VAMC
Bay Pines, FL

Presented by: Ms. Dottie Spiegelberg, VAMC San Diego, CA Ms.
Diana Fabacher, M.S.P.H., VAMC Sepulveda, CA

Ms. Spiegelberg discussed the VA Homeless Outreach Program, which is in its second year. They are reaching out to veterans in the street, the majority of which are homeless and chronically mentally ill. They are referred to as MIAs – Missing in America.

She pointed out that about 40 percent of the homeless are veterans. They recently took part in a three–day rally – which is known as a "standout." It was conducted for three days at one of the local high schools. The "standout" offered food, clothing, showers, haircuts, a place to sleep, and drug, alcohol, and job counseling.

She stated that they had over 500 homeless vets take part in the event which was sponsored by service organizations and volunteer veterans organizations. She then presented a video of the "standout" program.

The second part of the workshop was conducted by Ms. Diana Fabacher on the Older Veteran Adults in our Communities. She asked the individuals attending the workshop to write down five things that they do well and five personal traits that would benefit someone else. Discussion was held on how we could use these traits to benefit older adults in our communities. Some of the ways to help these individuals are transportation, gardening, friendly visiting, injury prevention and home safety, telephone reassurance, legal advice, and writing letters.

Workshop #2

"Humor in Patient Treatment"

Moderator: Donald F. Neely, Chief, Voluntary Service, VAMC Pittsburgh, PA

Presented by: Dr. William F. Fry, Jr., Emory, CA
Dr. Richard A. Lucas, VAMC Durham, NC

Dr. Fry stated that humor is very important in the treatment of patients. Humor can relieve stress, fear, anger and depression. Humor will increase morale and hope. Humor is entertainment and is contagious. He stated we all have the potential to be humorous, and we should pursue that endeavor. Also, when you are laughing with someone, there is companionship. Humor is infectious. Laughter is infectious. There is a rapport developed between the volunteer and patient by the use of humor. Humor is a part of our human heritage – respect it, and use it.

Dr. Lucas in his presentation pointed out that we deal with death, dying and injury, which is very depressing in the hospital setting. He stated that for every element of humor you introduce in your own lives, you're going to add a fragment, a spark of life of goodness there to counter the shadows of suffering that tend to follow us – that are there waiting for all of us – before we leave this Earth. That is the importance of humor generated in the context of someone seriously ill. He said you don't have to be unhappy because you are sick. You don't have to be lacking in humor because you're sick. Some of the funniest folks, some of the happiest folks he has met have been among the most seriously ill.

(To illustrate the points he was making about humor, he passed out toys, humorous teeshirts, shook confetti at the participants, told jokes, and passed out funny faces. Through an interchange of funny stories from the audience and Dr. Lucas, he stated and stressed that difficult situations can be made easier with humor.)

Workshop #3

"Recruitment and Retention of Volunteers"

Moderator: William F. Keene, Chief, Voluntary Service, VAMC Cleveland, OH

Presented by: L. Spencer Dixon, Jr., Chief, Voluntary Service, VAMC Murfreesboro, TN
Mrs. Nonah Bayer, National Representative, American Red Cross, Washington, DC

One of the main objectives of this workshop was to select recruitment methods that get the best results – information that will keep volunteers on the job – impart information that will make volunteers' jobs appealing. They stressed that no matter what you are doing, recruitment and retention are of equal importance. It is a never–ending job and personal contact with the volunteer is important. In the presentation, they discussed why people volunteer, motivational needs, retention points, recruitment problems, management criteria, recognition of staff and volunteers, recruitment areas, news releases and recommendations. If a volunteer quits, find out why. Respect volunteers – they are important. Tell volunteers "thank you." Train volunteer supervisors and keep volunteers busy.

Workshop #4

'Volunteer Liabilities"

Moderator: William Leary, Chief, Voluntary Service, VAMC Brockton, MA

Presented by: Donald L. Ivers, General Counsel, Veterans Administration
Ms. Michelle Frank, VA Hospital Service Coordinator, VAMC Wilmington, DE

The General Counsel spoke to the individuals attending this workshop on the requirements of volunteer drivers, the Federal Tort Act of 1946, the Federal Drivers Act, and volunteers as government employees. He stressed that drivers must be signed up as volunteers with the VA, receive an orientation, be supervised, serve patients whose transportation to and from the medical center for treatment is definitely needed, show proof of safe driving records and have a valid driver's license. He further pointed out that a volunteer could file a claim for workman's compensation for any injury which occurred in the performance of their duties.

Ms. Frank told us of her program at the VAMC Wilmington, Delaware. They had many problems at the beginning and had many problems with liabilities which they eventually worked out. She stressed adherence to the rules concerning liability coverage, working with VA staff, coordination with patient needs and volunteer drivers.

(Because of the many legal ramifications of this workshop, a lengthy question and answer period was conducted at each of the presentations.)

Report of the 1988 Recommendations Subcommittee

During the closing session on Sunday, Mr. Patrick J. Cody, Chairman, Recommendations Subcommittee, reviewed the recommendations which had previously been read and considered by members of the National Advisory Committee. Each resolution was read, discussed, and voted upon, and of the 10 resolutions submitted by members, the National Advisory Committee adopted 6 recommendations, defeated 3, and tabled one recommendation. Those recommendations adopted were as follows:

1. That a new award be established for 25,000 hours.
2. That a new award be established for 30,000 hours.
3. That a 100 hour pin be established for youth volunteers.
4. That letters/memos be sent annually, from the Directors of all Services in the Department of Medicine and Surgery, Central Office, to the Chiefs of each Service in the VAMC field facilities, suggesting and encouraging their use of volunteers.
5. That the titular Heads and Chief Executive Officers of organizations on the VAVS National Advisory Committee send letters annually to their membership encouraging those members to participate in the VAVS program.

6. That if Saturday and/or Sunday meetings are best for the majority of the Representatives, let there be an alternate plan, on occasion, in order for the minority Representatives to be in attendance.

Tabled recommendation: That a system be established whereby VAVS Representatives may be reimbursed for personal funds used in promoting and carrying out the VAVS program.

The VAVS National Advisory Committee

The Veterans Administration Voluntary Service National Advisory Committee was established by VA Circular No. 117, of May 15, 1946, and chartered initially by the Congress on February 5, 1975. The purpose is to advise the Chief Medical Director on matters pertaining to the participation of volunteers in VA medical facilities, to assist in recruitment and orientation of volunteers, and to keep the officers and members of participating organizations informed of volunteer needs and accomplishments.

Regular, permanent membership on the National Committee is open to organizations represented on the VAVS advisory committees of at least 45 VA medical facilities where they provide volunteer services. Non–voting associate membership is open to organizations active on a minimum of 20 medical facility advisory committees. Each member organization may appoint one Representative and up to six Deputy Representatives. The Chairman is the Director of Administration, Department of Medicine and Surgery.

A majority vote of the Committee constitutes the recommendation of the Committee. A minority member may file a report with the Committee's recommendation.

The Committee holds one meeting a year, attended by members at their own or their organization's expense. The Executive Committee meets one time a year other than the annual meeting, and, this, too, at the individual ororganization's expense. The National Meeting is open to the public. Notice of the purpose, date, time and location of the 1989 Annual Meeting is published in advance in the *Federal Register*.

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Mr. Andrew Montano, Director, and Staff The VAVS Advisory Committee, VA employees and patients
The VAVS Executive Board
Mr. Eddie L. Ramirez, Chief, Voluntary Service
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1989 Annual Meeting:

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October 27–29, 1989

APPENDIX

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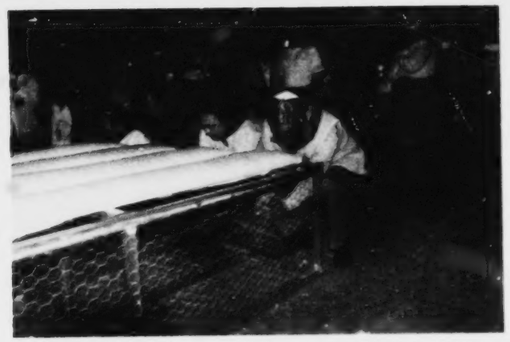
Special Events – Bruce G. Nitsche, Chairperson

Montage of Action Pictures During Annual Meeting



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